Sustaining EPI: What Can Communication Do?

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Sustaining EPI: What Can Communication Do?

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ABSTRACT

Communication activities in support of immunization programs have often focused on creating consumer demand. Mass media have helped mobilize populations and rapidly increase coverage. But health communication can also address complex issues of long–term sustainability, hard-to-reach groups, and certain negative repercussions of high rates (such as diminishing concerns about the seriousness of disease).

Many countries are now reporting data which indicate high access to immunization services (good BCG, DPT1, and 0PV1 rates) but lower complete coverage, due to dropouts. Dropouts reflect a problem in one or both of two areas: service barriers (such as missed opportunities to vaccinate); and consumer barriers (such as lack of correct information, fear of side effects, or competing belief systems).

In other countries immunization program mangers are discovering that it is more difficult to achieve and maintain the final ten percent or 20 percent of coverage than it was to achieve the initial 60 percent or even 80 percent. In each of these cases communication has a role to play. Communication offers practical strategies for reducing both service and consumer barriers to complete coverage and for sustaining appropriate immunization behavior among these groups over the long term.

Communication's Role In Immunization Programs

It is generally acknowledged in the immunization community that three factors are associated with increases in coverage rates:

- Good physical access to services;
- appropriate and quality services by health staff; and
- acceptance and utilization of services by consumers.

What role can health communication play in support of these three elements of an effective Expanded Program on Immunization (EPI)? If limited physical access to services is the principal barrier to higher immunization coverage in a country, then the main EPI strategy should be to expand access through increased services; communication's role is limited to informing families when and where these expanded services are available. Many countries, however, are now reporting data indicating high access to services (as indicated by BCG, DPT1 and OPVl coverage) but relatively low complete coverage rates due to dropouts. Dropouts reflect a problem in one or both of the other two areas above: service barriers (missed opportunities to vaccinate by health

workers, poorly organized services, etc.) or consumer barriers (lack of correct information, fear of side effects, traditional belief systems, etc.) This paper will demonstrate that there is a major role for communication to play in addressing both of these sets of barriers.

To date communication activities in support of EPI have focused primarily on the consumer–on promoting utilization or, in other words, creating consumer demand for immunization services. This has been the appropriate strategy in the majority of developing countries where the principal challenge has been to rapidly increase immunization coverage rates. Mass media have played an important role in these demand creation strategies, and a number of countries have additionally mobilized thousands of individuals from multiple sectors of society to help deliver people to immunization services, or services to people, on the occasion of special national immunization days.

As the EPI enters the 1990s and plans for long-term sustainability, however, it faces a number of new issues which have communication dimensions. These include:

- How can popular demand for immunization services be sustained?

- How can national program managers most effectively cope with issues of missed opportunities, immunization schedule dropouts, and reaching hard-to-reach target populations?

- How can health personnel be trained and motivated to become more effective communicators about EPI?

- How can the support of senior policy makers for EPI be maintained over the long term?

- How can institutional and financial resources best be mobilized from a variety of sources (donors, host countries, private sector, etc.) to provide long-term communication support to EPI?

- How can EPIs best manage the introduction of new program components or changes in immunization schedules–e.g., giving a new measles vaccine at 6 months?

- How can EPIs best manage possible negative repercussions of increasing coverage rates, such as:

    - diminishing concern among mothers/caretakers about the seriousness of the diseases.

    - diminishing knowledge about the target diseases among physicians.

    - vaccine reactions occurring more frequently than the diseases.

The purpose of this paper is to highlight and discuss the above issues to which communication has most to offer, and to provide recommendations to EPI managers which will help them strengthen

and sustain their communication capacity. It is the premise of the paper that over the next five to ten years, as many national immunization programs achieve or nearly achieve their initial coverage targets–e.g., 80 percent–EPI communication strategies must be redirected to a set of different tasks in support of the overall goal of long-term sustainability. The emphasis in this paper will be on moving beyond consumer demand creation and using communication to sustain appropriate immunization behavior among both consumers and providers.

EPI Communication Experience To Date

We now have a great deal of experience in using communication to support immunization services, which may be summarized as follows: communication programs in combination with improvements in service delivery can produce substantial increments in timely immunization coverage. From a number of sites from which data are currently available, there is credible evidence of 12 to 20 percent or more increases in the absolute level of immunization coverage and 33 to 100 percent increases in relative coverage compared to baselines (Hornik, 1989).

There is now, furthermore, considerable evidence about which communication approaches work best. This evidence indicates that using focused messages to cue timely behavior by parents–telling them where and when to go for complete immunization–is the most important and effective communication strategy. Recent studies by the HEALTHCOM Project, for example, found knowledge of when to start and when to finish the immunization series was associated with timely practice in the Philippines (Zimicki, 1988), and knowledge of how many immunizations were required was associated with level of coverage in Nigeria (McDivitt et al., 1988). The Philippines case further provides a particularly good example of how a communication program focused on a single antigen can also help increase coverage for other antigens.

From January to May 1988 the Philippine Department of Health conducted a communication campaign for the EPI in the Metro Manila Region of the country. The communication strategy focused on measles and included a simple thematic message – “measles can kill” – and tactical message – ‘‘take your child to the health center on Friday to be immunized against measles.” This simplified communication approach proved effective, not only for measles vaccination but for the other antigens as well. According to the evaluation report, “surveys of mothers in January and May showed substantial improvement in the level of vaccination among children in Manila. Among 12 to 23 month-old children, verified measles vaccination (date of vaccination recorded on the child’s vaccination card) was about 21 percent in January and nearly 45 percent in May. Card-verified coverage for all other vaccinations also showed increases that ranged from 20 percent to 24 percent” (Zimicki, 1988).

(Importantly, campaign effects were sustained. Mass media messages ceased in May 1988, but health centers continued to implement the strategies initiated by the campaign. Among children under one year of age, the percentage who received measles immunization increased from 17 percent in January 1988 to 25 percent in May 1988 and continued to grow to 31 percent in July 1989.)

By contrast, a number of studies have failed to find clear correlations between immunization rates and other types of knowledge, such as a correct understanding of the principle of immunization or of the vaccine-preventable diseases. A REACH Project review of immunization studies in Bangladesh, Bolivia, Togo, Pakistan, Bhutan, Indonesia, and Haiti concluded that "although the concept of immunization does not fit or even contradicts people's folk beliefs, many of these same parents are willing to bring their children to be immunized" (Favin, 1990). The studies found that the presence of trusted health workers, convenient services, and endorsements by local leaders apparently superseded traditional beliefs or resistances.

Thus, promoting the concept of prevention, teaching the names and characteristics of specific diseases, and attempting to change erroneous beliefs become secondary strategies, may be more important at the stage of sustaining demand for reaching hard-to-reach groups.

Communication also has begun to make an important contribution to addressing the problem missed opportunities pose for higher immunization coverage rates. To a large extent this is a health worker training issue: health workers need to be trained, supervised, and rewarded to avoid missed opportunities. But missed opportunities may occur because the parent fails to bring the child's immunization card to the clinic and the health worker is unable to verify the last immunization the child was given. Communication strategies are thus being devised to help consumers help health workers solve this problem. The Honduras EPI, for example, is currently developing a series of posters aimed at caretakers with the following messages: "Now that you are here, get immunized!" "Health centers are open every day." "Please don't forget the immunization card." "In spite of fever, cold, and diarrhea, your child can be immunized."

The Honduras example also illustrates a trend towards continuing to use intensive communication efforts but in support of routine service delivery. Immunization campaigns involving massive social mobilization efforts, once a popular strategy, are now becoming more rare. Social mobilization campaigns have served an important positive catalytic purpose in some countries– putting immunization on the national agenda, winning political commitment, and convincing health workers and families that high national coverage levels are both necessary and possible (Cohen, 1989). But they have had some very real negative impacts in countries as well. They have exhausted the health system during the campaign period, and detracted attention and effort from other health programs. In countries such as Honduras and Senegal, short, intensive campaigns resulted in a reduction of the routine demand for immunization. The potential for such problems must be carefully considered in the effort to mobilize community support for the long–term support of immunization.

Using Communication To Help Sustain EPI

Consumer Issues

Sustaining Consumer Demand. This is the principal challenge facing EPI communication planners in the future–sustaining demand among the mass of the population which has begun using immunization services, utilizing affordable communication strategies. As this is a question of sustaining behavior change, what do we know about this process?

We have learned from commercial marketing that consumer behavior is sustained by improving products over time; by expanding distribution systems; and by promotion to reinforce name awareness, feature a new product benefit, or address a new consumer need or interest. The most important single principle for achieving dominance and prolonging the product life cycle is sustained attention to all areas of the marketing mix, both supply and demand, cost and benefits. Social marketing has applied these findings to the introduction of new social ideas and services. In the case of health programs, "repositioning" products or services to emphasize new benefits or counterbalance myths, plus adding new distribution channels to ensure services remain accessible, are only a few of the marketing strategies communicators can use to sustain and expand new health practices as competing behaviors enter the marketplace.

We know from the applied behavioral sciences that sustainability of new health behaviors is largely a function of how people perceive their consequences, and that to sustain new behaviors in a public health setting, we must:

- identify satisfying consequences–or benefits–which accompany the practices we promote;
- deliver those benefits in a culturally sensitive way; and
- compete successfully with the 'benefits" of less healthy behaviors.

The most important single principle for achieving dominance and prolonging the product life cycle is sustained attention to all areas of the marketing mix.

People sustain practices they find rewarding. People's reward systems are not always evident or logical to outsiders–but they are always important. We also know that rewards are different for different people. Indeed the search for benefits and rewards which appeal to people often leads to the definition of specific subgroups or "segments" of the population to which we can target specific programs.

We know that even when individuals become aware of a new practice, they may not begin to use it regularly until it becomes the standard accepted norm in their communities or until they are influenced or persuaded by community opinion leaders. Many successful health programs have used behavior change strategies aimed at individuals and providing external rewards (certificates, prizes, etc.) to stimulate new health practices. To sustain new behaviors over time, however, we

must increasingly use strategies targeting community-level behavior change and providing more naturally occurring rewards, such as social support and endorsement by respected local leaders.

We know, finally, a good deal about the strengths and weaknesses of various communication channels in serving sustainability. The mass media–especially radio and television–can disseminate standard messages rapidly; they can provide authority and legitimacy to new issues and behaviors and mobilize support among policy makers; they can both cue and reinforce behavior over the long term. Specialized media ranging from medical association newsletters to pamphlets distributed at health centers to point-of-sale advertising in the marketplace provide an opportunity to deliver messages targeted at particular audience groups. Interpersonal communication channels, ranging from health workers to school teachers to community opinion leaders, are generally credited with providing the final persuasive credibility to new ideas and practices and with being a particularly powerful influence on social norms. While all of these channels in principle have a role to play in sustaining demand for immunization, however, the use of any of them is advisable only to the extent that their quality control, management, and cost are also sustainable.

What does all of this mean operationally from the viewpoint of an EPI manager? It means in the first instance that the supply of immunization services must be maintained and whenever possible improved and expanded. Where communication is concerned, it suggests the following strategies:

- Developing long-term communication structures, plans, and resources.

- Conducting consumer research to identify acceptability problems that different population segments have with the immunization service and the specific benefits they seek from it.

- Conducting periodic tactical campaigns for specific diseases–e.g., measles, polio–which can also be expected to boost overall coverage. Tactical campaigns move the target audience to specific action to alleviate a problem, focusing on “when” and “where” messages.

- Conducting “missed opportunity campaigns” designed to ask consumers to help solve this important problem–with messages such as “bring your immunization card to the clinic every visit” and “ask your health worker to check your child’s card to see if he/she needs an immunization.”

- Conducting long-term thematic campaigns which will highlight benefits, create norms, and/or reinforce community support for immunization.

- Working with other primary health care programs to integrate immunization messages into their educational components where appropriate.

- Working with the formal education system to establish EPI prominently in teachers’ training programs and primary school curricula.

- Identifying groups who, in addition to health professionals, are opinion leaders in health, and targeting them with educational/promotional materials on EPI.

- Applying rigorous selection criteria to the choice of any communication channel to ensure that its cost, management, and quality control are sustainable over time (See Annex).

- Conducting regular monitoring research (tracking studies, in the language of communications) to identify important relevant shifts in the knowledge, attitudes, and practices of different target groups, and redesigning communication strategy accordingly.

Reaching the Hard-to-reach. This is a current challenge for national EPIs which have already achieved relatively high coverage rates: how to reach the 20 to 40 percent of the population which have not yet been covered? In some cases this will be primarily an issue of lack of physical access to services, in which communication has little role to play. But where consumer barriers are an issue–i.e., where issues of information, motivation, cultural beliefs, etc. are an impediment to immunization–communication can play an important role. In these cases, communication must shift from mass to "target marketing" carefully aimed at the hard-to-reach groups, such as nomadic groups and the urban poor. Segmentation becomes a critical concept and practice.

Segmentation is the process by which a specific audience (mothers of children under five, parents, traditional healers, physicians, etc.) is subdivided into homogeneous groups by a set of characteristics which allow communication specialists to effectively target messages. Communication research looks for common demographic, psychosocial, socioeconomic, or behavioral characteristics which bind segments together. For example, within the audience "mothers of children under two years," all the women are not alike, but clusters of them share segmentation characteristics important to EPI goals.

- Urban versus rural women
- Women who regularly use health services versus those who do not
- First-time mothers versus mothers with several children
- Mothers with children who are fully immunized versus partially immunized versus not immunized at all

Similarly other audiences (men, decision makers, health workers) also have important segments which permit communication specialists to target messages more effectively. Segmentation research goes hand in hand with epidemiological research to select "priority segments"–the clusters of homogeneous individuals who are most at risk of experiencing mortality in the family. It can help program managers who must minimize wasted effort by helping to allocate resources to target groups in proportion to likely payoffs. At the same time, segmentation can increase effectiveness by helping management tailor strategies and tactics to the particular needs of specific populations rather than approaching them with general strategies that may not meet the needs and wants of any segment particularly well.

Research to identify the segments and the acceptability issues becomes especially important. Qualitative research methods, such as focus group discussions and in-depth interviews, are most

useful in exploring acceptability issues. These methods have been often misunderstood and sometimes rejected by medical personnel because, unlike large coverage surveys, they do not involve large samples. For probing reasons of compliance or noncompliance and other such issues, however, qualitative methods are much more appropriate and productive, and thus efforts must be made to make them better understood and more often utilized.

There is an important cost implication to targeting individual audience segments with effective messages.

If an EPI faces a number of different hard-to-reach groups–individual regional or cultural or language groups–the costs of research and communication materials will escalate significantly. EPI managers must therefore weigh the benefit of adding increments of immunization coverage against the increasing cost per increment of doing so.

Service Issues

While addressing the consumer issues discussed above will be very important in increasing and sustaining immunization coverage rates, paying attention to service barriers will be even more important. A number of studies have concluded that the major cause of high dropout rates is service quality problems–vaccine shortages, high missed opportunity rates, poor treatment of clients by health staff, failure of health staff to correctly inform clients about the vaccine schedule, etc. Here, too, however, communication has a useful role to play.

Strengthening Communication Skills. A common problem in many if not most EPIs is poor or nonexistent communication by the health center staff with the client. This is not a problem particular to immunization programs; rather, it seems a chronic condition in many public health services in both developing and industrialized countries where health workers are over–worked and/or untrained in communication skills. It is, however, a condition which is frequently cited by clients as a disincentive to regular attendance at clinic sessions.

EPI managers can expect to realize real gains in both the short and long term by providing quality training in communication skills to health workers providing immunizations. Training should focus on both the content and process of delivering essential information about EPI: basic messages; using simple, local language and concepts; asking “checking” questions; listening skills: nonverbal communication; giving feedback; and providing positive reinforcement. This training, by helping health workers provide more accurate and relevant information to their clients, can help ensure greater compliance with immunization schedules and higher coverage rates in the short term. In the long term, it will help sustain EPI and other health programs by making health clinics a friendlier, more supportive environment for clients to visit.

Communication training should be supplemented by the development of teaching aids and promotional materials to help health staff do a better job of telling mothers when to return for the next immunization. One example used in some measles programs is a calendar wheel which tells the health worker the exact date of the Wednesday (or any other specific day of the week) nearest the nine-month cut-off for the individual child. It is easier for the mother to come back to the

clinic if she is given a specific date rather than general advice to bring the child when he/she is 9 to 12 months old. Also, by ensuring that mothers come on a specific day of the week, health workers are more likely to open vaccine vials even if fewer than 20 children are present at a particular session because they can expect more mothers to come during the day.

Strengthening Training Design. Because of its grounding in health education and behavioral science, modern public health communication has a useful contribution to make to the design of training programs, whether these be in support of interpersonal communication skills, immunization technique, or avoiding missed opportunities. Communicators can help EPI managers design training programs based on proven behavioral principles–modeling, supervised practice, group process, positive reinforcement, competency testing, etc.–which will enhance their effectiveness.

Extending In-service Training. The field of health communication/social marketing also has a significant contribution to make to the organization and delivery of EPI in-service training for health professionals. To date most technical training of health staff in EPI and other priority interventions has been in the context of formal training workshops, and formal face-to-face training will continue to be essential. A number of immunization programs have produced newsletters documenting program successes and problems and providing technical updates to program staff. Social marketing has opened up a whole variety of complementary in-service training possibilities, however.

For example, the commercial marketing practice of "detailing"–sending out sales representatives to make personal visits and provide promotional materials to retail outlets–has been adapted by public health programs in a number of countries; representatives from the national CDD program, for example, paying promotional visits to private physicians and pharmacists to promote ORT and deliver educational materials. In other countries, direct mail, another standard marketing technique, has been used to send in-service educational materials to clinic staff and even community health volunteers. In one experiment, Indonesia's CDD program sent follow-up training materials and a survey questionnaire by mail to 18,000 community health workers, and had a surprisingly high response rate (44 percent). The broadcast media and telecommunications technology offer other exciting and realizable possibilities, ranging from a regular radio program series targeted at health workers to training-by-teleconference. Such techniques promise not only to make training more innovative but potentially less costly.

Maintaining Policy Maker Support. Similar educational efforts will continue to be required for policy makers whose support is necessary for long-term funding of immunization programs. As immunization coverage rates continue to rise in countries, there may be a tendency for senior policy makers to consider the immunization problem solved, or at least lowered in priority. To ensure an ongoing adequate level of support, immunization programs will have to devise more innovative and persuasive reporting methods. High-level conferences and workshops can play an important consensus–building and support–generating function. A range of audiovisual technologies are available to build on what the quarterly report or annual newsletter may have done in the past.

Recommendations For EPI Managers And Donors

- Develop a long-term (e.g., five to ten year) communication plan based on an assessment of your program's coverage levels and whether coverage problems are due to access, service, or consumer barriers. Priority components for sustaining EPI include: mass media maintenance campaigns; special media campaigns targeted at hard-to-reach groups; annual tracking studies; communication training for health workers; curriculum development for primary schools.

- Hire an EPI communication coordinator at the national level. The EPI should have at least one full-time communication professional, even if this person is on loan from the Health Education Division.

- Increase your communication budget to at least 2 percent of the total EPI cost. Standard funding needs will be for activities such as audience research; development of educational materials; broadcast costs; printing costs; distribution costs; communication training costs; and technical assistance.

- Strengthen your consumer research capacity, particularly in the social sciences and qualitative methods. Contact local universities and market research firms for assistance in this area.

- In making your long-term communication plan, request the collaboration of the Ministry Health Education Service in developing the following components: training; school health education; coordination with other MOH services and external institutions; and liasing with and providing technical resource material to the media. These are the areas which Health Education Units serve best.

- Work with the Health Education Service to strengthen health communication capacities at the regional level. Look for ways to share the funding of communication positions if a full–time Regional EPI communication coordinator is not a possibility. Develop collaborative relationships and activities with other ministries and organizations working at the regional and local levels.

- Establish a communication planning committee to advise you, help develop strategies, and help secure donated media time. Invite professional communication groups–advertising firms, radio and TV professionals–to serve on the committee.

- Learn about communication management procedures, such as how to contract with communication firms most productively and cost effectively, and how to assess the adequacy of communication and research strategies produced by these firms (see Annex).

- Explore/extend collaboration with other potential private sector partners, both voluntary and commercial. Private voluntary organizations often have extensive and longstanding networks within countries that can be utilized for health communication messages. Commercial enterprises may donate or sponsor educational programs.

Following these recommendations the technical agencies should be prepared to offer the expertise needed to support the countries in implementation.

Finally, the donor community should be prepared to invest a significant portion of its whole contribution for the EPI for communication. This investment is needed at both national and international levels.

BIBLIOGRAPHY/REFERENCES

Cohen, Sylvie E., "Social Mobilization and UCI in Nigeria and Senegal: Lessons Learned for Achieving Sustainability," A Paper Presented at the Conference an Information Technology in Developing Countries, University of Southern California, 30 November–2 December 1989.

Favin, Michael, "REACH Project Lessons Learned on Acceptability of Immunization," REACH Project/USAID, 1990.

Fine, Seymour H., *Social Marketing: Promoting the Causes of Public and Nonprofit Agencies*, Boston: Allyn and Bacon, 1990.

Frederiksen, Lee W. et al., eds., *Marketing Health Behavior: Principles, Techniques, and Applications*, New York and London: Plenum Press, 1984.

Grabowski, Mark, Missed Opportunities for Immunization," A Paper Prepared for the State of the Art AID Briefing, 11 July 1990.

Green, Lawrence W. et al., *Health Education Planning: A Diagnostic Approach*, Mayfield Publishing Company, 1980.

Heggenhougen, Kris and John Clements, *Acceptability of Childhood Immunization: Social Science Perspectives*, Evaluation and Planning Centre for Health, London School of Hygiene and Tropical Medicine, 1987.

Hornik, Robert, "What Are We Learning from the Evaluation of the Communication for Child Survival Project," unpublished paper, Annenberg School for Communication, University of Pennsylvania. 1989.

Kotler, Philip, and Alan R. Andreasen, *Strategic Marketing for Nonprofit Organizations*, Englewood Cliffs, NJ: Prentice–Hall, 1987.

McDivitt, Judith et al., "Immunization Coverage in Niger State," HEALTHCOM Project Field Note, Annenberg School for Communication, University of Pennsylvania, 1988.

Pillsbury, Barbara, "Immunization: the Behavioral Issues," *Behavioral Issues in Child Survival Programs*, Monograph #3, prepared for the Office of Health, USAID,

International Health and Development Associates, December 1989.

Rasmuson Mark et al., *Communication for Child Survival*, HEALTHCOM Project/USAID, June 1988.

REACH Project/USAID, *EPI Essentials: A Guide for Program Officers,* August 1989.

REACH and MOTHERCARE Projects/USAID, "Neonatal Tetanus Elimination: Issues and Future Directions," Meeting Proceedings, January 9–11, 1990,

Shimp, Terence A. and M. Wayne DeLozier, *Promotion Management and Marketing Communications*, The Dryden Press, 1996.

Streatfield, Kim and Masri Singarimbun, "Social Factors Affecting Use of Immunization in Indonesia," *Social Science and Medicine* 27–11, 1988: 1237–1245.

Verzosa, Cecilia et al., *Managing a Communication Program on Immunization: A Decision-Making Guide*, HFALTHCOM Project/USAID, December 1989.

Wells, William et al., *Advertising Principles and Practice*, Englewood Cliffs, NJ: Prentice Hall, 1989.

WHO/EPI, "Health Education in an Immunization Programme," Volume 6 *of Immunization in Practice: A Guide for Health Workers Who Give Vaccines*, WHO/FPI/PHW/84/6.

WHO/EPI, Key Issues in *Measles Immunization Research: A Review of the Literature,* PI/GAG/87/WP.10.

WHO/CDD, *Communication: A Guide for Managers of National Diarrhoeal Disease Control Programmes*, 1987.

World Federation of Public Health Associations, Immunizations, Information for Action Issue Paper, May 1984.

Zimicki, Susan, "Executive Summary: Evaluation of the Metro Manila Vaccination Campaign," unpublished paper, Annenberg School for Communications, University of Pennsylvania, 1988.

Annex

Checklist For A Sound Communication Plan

This checklist identifies the key elements that an EPI manager should look for in a communication plan prepared for his/her program. A good plan should:

Be clear an selecting a practical communication goal given the problem and resources available. Is your program trying to:

- Teach new knowledge (immunization day is now Friday) and/or
- Change an attitude (I want my child fully covered) and or
- Establish a new behavior (get mothers to ask the health worker when to return).

Be clear on the audience segments (the specific subgroups) you expect to be influenced by the program.

Integrate your goal and audience definitions into a specific measurable target, for example:

- 60 percent of mothers of children under two living in villages of less than 3000 inhabitants will be able to identify the specific dates they should bring unimmunized children in for immunization.
- 80 percent of health workers will ask the mothers they are counseling to repeat the dates the mother must return for the child's next immunization before allowing the mother to leave the center.

Identify the intermediate steps to achieving these goals:

- Conduct training for 300 volunteers.
- Distribute 10,000 pamphlets.
- Broadcast 100 radio programs.

Use a variety of communication channels to reach different audiences and to complement one another.

- Broadcast (radio and TV) to reach many people quickly with standardized messages
- Print (posters, pamphlets) to serve as convenient reminders to health workers and consumers of important messages like the immunization schedule
- Face-to-face (health workers, community leaders, etc.) to provide credibility to key messages.

BUT apply rigorous selection criteria to the choice of any particular communication channel:

- Can its costs be borne by available funds?

- Will the demands it places on the management, supervision, and retraining capability of public institutions be realistic?
- Will it be possible to maintain the system, given its logistical demands, over time?
- Will it be possible to maintain reasonable control over what is said through a channel to avoid degradation of message quality?

Pretest all communication materials (posters, pamphlets, radio and TV spots, etc.) with members of the target audience to ensure that they are easily understood and are culturally acceptable.

Monitor the implementation of all communication components to ensure they are in place:

- How many were trained?
- Did pamphlets get distributed on time?
- Were radio programs broadcast on schedule?

Use rapid assessment techniques (intercept interviews and direct observation at c1inics or immunization posts) to sample whether communication goals are being achieved:

- Did mothers hear radio programs?
- Do they have pamphlets?

Include a few critical communication variables on coverage surveys you may be conducting, for example:

- Do mothers say that Fridays are the new immunization days?
- Do mothers say they want their child to have all the vaccines?

Glossary Of Communication Terms

Benefits: those aspects, either tangible or intangible, of a product, service, or behavior which make it attractive and desirable to someone.

Communication: the social process of sharing or exchanging information between two or more persons by interpersonal interaction or through media such as radio, television, or newspapers.

Communication campaign: the intensive use of communication media over a specific period of time to promote a product, service, or behavior.

Consequences: the results of a behavior.

Focus group discussions: a type of qualitative research in which a trained moderator leads a group of six to ten respondents through a discussion of a selected topic, allowing them to talk freely and spontaneously.

Health communication a methodology for systematically conducting communication interventions aimed at changing specific health behaviors in large population groups.

Immunization campaigns: a strategy which mobilizes the entire health system as well as institutions from other sectors (schools, churches, political parties, mass media, military, etc.) to rapidly increase immunization coverage, often around one or a series of national immunization days.

In-depth interviews: a type of qualitative research consisting of intensive interviews to find out how people think and feel about a given topic.

Marketing mix: the entire combination of activities carried out to market a new product or service, including defining and packaging the product, setting its price, distributing it, and promoting it.

Positioning: the particular way in which a product or service is communicated to the public, featuring the specific consumer needs it fills and its special benefits and advantages over other services.

Segmentation: the process by which a specific audience is subdivided into homogeneous groups by a set of characteristics (demographic, socioeconomic, behavioral) which enable communication planners to effectively target messages to each group.

Social marketing: the use of modem marketing principles to increase the acceptability and use of a socially beneficial idea, commodity, or practice.

Social mobilization: the process of engaging a large number of individuals and institutions in action aimed at ensuring political and economic support for achieving particular social goals. It

may engage various levels of society, including policy makers, service providers, the media and education systems, nongovernmental groups, and communities.

Tactical message: the message that moves the target audience to a specific desired action to alleviate a problem.

Thematic message: the message that defines the problem for the target audience.